

CONFIDENTIAL

FORM FOR EVALUATION OF CANDIDATE FOR MEMBERSHIP

**NEW YORK STATE SOCIETY OF
ORAL AND MAXILLOFACIAL SURGEONS**

Please Print or Type:

Dr. _____ is listed as a candidate for membership in the New York State Society of Oral and Maxillofacial Surgeons. I wish to offer the following appraisal of his/her qualifications. I have known the applicant for _____ years.

Please comment directly on each of the items below:

CHARACTER: Morals, trustworthiness, ideals

COMPETENCE: Professional capability, education, fitness

ETHICS: Relations with Medical-Dental conferences, public

JUDGEMENT: Tact, diplomacy, decisiveness

STABILITY: Self-control, tolerance, social aptitude

Use additional sheet if necessary

**COMPLETED FORM IS TO BE
RETURNED BY RESPONDENT TO:**

Jocelyn Richter
jrichter@nysdental.org

NYSSOMS
20 Corporate Woods Blvd., #602
ALBANY, NY 12211

Name (Please Print): _____

Address: _____

City, State, Zip: _____

Signature: _____

Date: _____